		AND HUMAN SERVICES	45	PRINTED: 05/31/2012 FORM APPROVED OMB NO. 0938-0391
CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1, ,	MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED	
		445288	B. WIN	U0129/2012
NAME OF 9	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 287 BAKER STREET
HUNTSV	ILLE MANOR	-		HUNTSVILLE, TN 37756
(X4) ID PREFIX TAG	/EACH DEE/CIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	FIX (EACH CORRECTIVE ACTION SHOULD BE DATE
K 029 \$\$=D	NFPA 101 LIFE SA One hour fire rated fire-rated doors) or extinguishing syster and/or 19.3,5.4 profit the approved automoption is used, the approved automoption is used, the applied protect 48 inches from the permitted. 19.3,2 This STANDARD is Based on observating hazardous area one construction is main. The findings include Observation with the May 29, 2012 betwee revealed the following. Janitor's closet in the 100 hall. Janitor's closet thall. Maintenance should be appeared to the Supervisor and acknowledges.	construction (with ½ hour an approved automatic fire in accordance with 8.4.1 ects hazardous areas. When latic fire extinguishing system areas are separated from oke resisting partitions and elf-closing and non-rated or ive plates that do not exceed bottom of the door are 1.1. In not met as evidenced by: on, the facility failed to assure (1) hour fire rated tained. It is Maintenance Supervisor on the 11:30 a.m. and 3:30 p.m. and penetrations: ceiling around sprinkler piping ceiling and wall in the 300 op ceiling.		Corrective action(s) accomplished for those residents found to have been affected by the deficient practice: 1. Janitor closet ceiling around sprinkler piping in the 100 hall was repaired on May 30, 2012 to ensure no penetrations. Janitor's closet ceiling and wall in the 300 hall was repaired on May 30, 2012 to ensure no penetrations. Maintenance shop ceiling was repaired on May 30, 2012 to ensure no pentrations. Completion date: May 30, 2012 to ensure no pentrations. Completion date: May 30, 2012 Identify other residents have the potential to be affected by the same deficient practice and what corrective action taken: 2. Maintenance Director conducted surveillance rounds with the Riak Manager of the facility to ensure no penetrations noted. Completion date: June 29, 2012 Measures/systematic changes put in place to ensure that the deficient practice does not recur: 3. In-service conducted by Nursing Home Administrator with the Maintenance Department on Life Safety Code Standard K029. Completion date: June 4, 2012
		PRIORIDI IEO DEDDESENTATIVES SIGI	NATURE	TITLE (X8) DATE
ABORATORY	DIRECTOR'S OFFROVID	ERISOPPLIER REPRESENTATIVE'S SIGN		Administrator 6-15-12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2587(02-99) Previous Versions Obsolets

Event ID: 482E21

Facility ID: TN7801

If continuation sheet Page 1 of 3

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICARD SERVICES

PRINTED: 05/31/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MI	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER,	A. BUII	.DING	G 01 - MAIN BUILDING 01		
		445288	B. WIN	e_		05/2	9/2012
	PROVIDER OR SUPPLIER	287 BAKER STREET					
(X4) ID PREFIX YAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
K 062	continuously mainta condition and are in	sprinkler systems are ained in reliable operating	KO	62	Maintenance Director conduct weekly round no penetrations noted present with his safety at the month safety m Routinely on v basis that will ongoing.	ls to ensure and updates ecting veckly	
	Based on observatifacility failed to assumaintained. The findings include Observation and read Maintenance Super p.m. revealed and of 1. Record review was done within the documented full flow 2. Observation reversely provide the hydraulic system.	cord review with the visor on May 29, 2012 at 1:50 confirmed the following: confirmed no full flow trip test past 3 years. (Last v trip test was on 9-25-06) realed that the facility failed to c name plate on the sprinkler			Monitoring of corrective action to a deficient practice will not recur: 4. NHA will assure comp weekly review for 4 we ensure that surveillance on conducted to ensure penetrations noted in the facility. Overall findings will be to the NHA is policy is a being met. Failure to adhere to facility policy will be considered violation. Violations will in disciplinary action in accordance with the facil progressive disciplinary of	bliance by ccks to e rounds e no he reported tot ity l a l result ity policy.	
K 147 SS=D	Supervisor and acking Administrator during 29, 2012. NFPA 101 LIFE SA Electrical wiring and with NFPA 70, National STANDARD is	e verified by the Maintenance nowledged by the pine exit conference on May FETY CODE STANDARD requipment is in accordance onal Electrical Code, 9.1.2 a not met as evidenced by: ion, the facility failed to assure	Ķ 1	47	Report of overall finding subsequent disciplinary a if applicable, will be reported facility Quality Assur (QA) Committee (consist Medical Director, Pharma Consultant, Dietician, Psychologist Central Sup Clerk, Wound Care Nurse Director of Nursing, Assis Director of Nursing, Soci Service Director, Nursing Administrator, Risk Mana MDSC, Nurse, and	ction, orted to unce ting of acy ply e, stant al	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 482E21

Facility ID; TN7601

If continuation sheet Page 2 of 3

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/31/2012 FORM APPROVED OMB NO. 0938-0391

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I			(X3) DATE SURVEY COMPLETED	
			• •	05/29/2012		
	445200	2	87 BAKER STREET		2122 sA	
(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORR	HOULD BE	(X5) COMPLETION DATE	
adequate electrical accordance with Nf The findings include Observation on Masurge protector was for lack of electrical heaters. This finding was ve Supervisor and ack	outlets that were installed in FPA 70. e: y 29, 2012 revealed that a seeing used for a substitute outlets for the hot water rifled by the Maintenance nowledged by the	K 147	Housekeeping Supervireview the need for contervention or amendathe plan. 5. Completion date: July 15, 2012 K062 NFPA 101 LIFE SAFETY STANDARD Corrective action(s) accomplishing residents found to have been affected to the series of the s	code code defor those ected by the cone on June sprinkler 222, 2012 5, 2012 potential to practice and codated espection of last quency. 6, 2012 in place to does not NHA with the on the espection	7/15/12	
	Continued From pa adequate electrical accordance with Nf The findings include Observation on Ma surge protector was for lack of electrical heaters. This finding was ve Supervisor and ack Administrator during	A45288 ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 adequate electrical outlets that were installed in accordance with NFPA 70. The findings include: Observation on May 29, 2012 revealed that a surge protector was being used for a substitute for lack of electrical outlets for the hot water heaters. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on May	ROVIDER OR SUPPLIER STATE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 adequate electrical outlets that were installed in accordance with NFPA 70. The findings include: Observation on May 29, 2012 revealed that a surge protector was being used for a substitute for lack of electrical outlets for the hot water heaters. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on May	ROVIDER OR SUPPLIER 1LLE MANOR SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FUIL. REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 adequate electrical outlets that were installed in accordance with NFPA 70. The findings include: Observation on May 29, 2012 revealed that a surge protector was being used for a substitute for lack of electrical outlets for the hot water heaters. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on May 29, 2012. Hydraulic name plate or system replaced on June 29, 2012. Identify other residents have the be affected by the staff to the plan. Completion date: June 1 June 22, 2012 Identify other residents have the be affected by the staff to the staff to the plan. Completion date: June 1 June 22, 2012 Identify other residents have the be affected by the same deficient what corrective action taken: 2. Maintenance pricetor unification and free Completion date: June 1 June 22, 2012 Identify other residents have the be affected by the same deficient what corrective action taken: 2. Maintenance on Director unification and free Completion date: June 1 June 22, 2012 Measures/systematic changes put ensure that the deficient practice recurring a large put put on the deficient practice. 3. In-service conducted by Maintenance are put on the the deficient practice recurring the conducted by Maintenance department.	A BUILDING 01 -MAIN BUILDING 01 A45288 STREET ADDRESS, CITY, STATE, ZIP CODE 287 BAKER STREET HUNTSVILLE, TN 37755 SUMMARY STATEMENT OF DEFICIENCIES (SACH DEFICIENCY MUST SEPRECEDED BY FUIL, REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 adequate electrical outlets that were installed in accordance with NFPA 70. The findings include: Observation on May 29, 2012 revealed that a surge protector was being used for a substitute for lack of electrical outlets for the hot water heaters. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on May 29, 2012. Light 15, 2012 Light 15, 2012 Light 15, 2012 Light 27, 2012 Light 16 with practice and what corrective action (s) accomplished for those residents found to have been affected by the deficient practice. 1. Full flow trip test was done on June 15, 2012 Light 27, 2012 Light 19 of the residents have the potential to be affected by the same deficient practice and what corrective action takes. 2. Maintenance Director updated "Facility Safety Drillis/Inspection Calendar" to reflect date of last drills/inspection and frequency. Completion date: June 15, 2012 Measures/systematic changes put in place to ensure that the deficient practice does not	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 482E21

Facility ID: TN7601

If continuation sheet Page 3 of 3

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that Any deliciency statement enoung with an asterisk (1) denotes a deliciency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deliciencies are cited, an approved plan of correction is requisite to continued program participation. if continuation sheet Page 1 of 14

FORM CMS-2587(02-99) Previous Versions Obsolete

Event ID: 482E11

Facility ID: TN7801

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 08/07/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES IDENTIFICATION AURERS A BULDING STREET ADDRESS, CITY, STATE, ZP CODE 287 EAKER STREET HUNTSVILLE MANOR SUMMARY STATEMENT OF DEFICIENCIES CASS-REFERENCE TO SHOULD BE PROPERLY FROM DEFICIENCIES A BULDING STREET ADDRESS, CITY, STATE, ZP CODE 287 EAKER STREET HUNTSVILLE, TN 37768 PROPERLY TAG PROVIDERS FLAN OF CORRECTION CEACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE CROSS-REFERENCE TO THE APPROPRIATE MONITORING OF THE CONTROL OF CONTROL A BULDING STREET ADDRESS, CITY, STATE, ZP CODE 287 EAKER STREET HUNTSVILLE, TN 37768 PROVIDERS FLAN OF CORRECTION CEACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE CROSS-REFERENCE TO THE APPROPRIATE A BULDING MONITORING OF THE CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE A BULDING MONITORING OF THE CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE A BULDING MONITORING OF THE CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE A BULDING MONITORING OF THE CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE A BULDING MONITORING OF THE CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE A BULDING MONITORING OF THE CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE OF THE APPROPRIATE A BULDING MONITORING OF THE CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE OF THE APPROPRIATE A BULDING MONITORING OF THE CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE OF THE APPROPRIATE A BULDING MONITORING OF THE CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE OF THE APPROPRIATE A BULDING MONITORING OF THE CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE OF THE APPROPRIATE A BULDING A BULDING MONITORING OF THE APPROPRIATE A BULDING A BULDING MONITORING OF THE APPROPRIATE A BULDING MONITORING OF THE APPROPRIATE A BULDING A BULDING MONITORING OF THE APPROPRIATE A BULDING A BULDING MONITORING OF THE APPROPRIATE A BULDING A BULDING A BULDING A BULDING B PROVIDED TO STATE ALL OF THE APPROPRIATE A BULDING A BULDING B PROVIDED TO STATE AL	CENTER	S FOR MEDICARI	& MEDICAID SERVICES	/Y21 H	X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
NAME OF PROVIDER OR SUPPLIER HUNTSVILLE MANOR STREET ADDRESS, CITY, STATE, ZP CODE 287 BAKER STREET HUNTSVILLE, TN 37758 SUMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE PRECEDED BY PULL FREGULATORY OR US TOENTIFYING INFORMATION) Monitoring of corrective action to ensure the deficient will not receiv. Monitoring of corrective action to ensure the deficient will not receiv. NEAR WILL AND WILL STATE ADDRESS, CITY, STATE, ZP CODE EACH DEFICIENCY Monitoring and All Inspections and drills are incompliance by Weekly voice for 4 weeks to ensure onlendar is current and all inspections and drills are incompliance Overall findings will be reported to the NHA immediately when policy is not abbred to abbred to deficient or incompliance Will result in disciplinary policy. Report of overall findings and absenced and the findings and absenced and the findings and absenced and the findings and absenced consisting of Medical Discour, Phennacy Consolitant, Dischala, Populoologist, Central Supply City, Wound Care Physical Housekeeping Supervisory to review the need for continued from Nurse, and Housekeeping Supervisory to review the need for continued information and the plan. 3. Completion date: July 15, 2012 7/15/12	STATEMENT OF OFFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA				COMPLI	COMPLETED	
NAME OF PROVIDER OR SUPPLIER HUNTSVILLE MANOR SYREET ADDRESS, CITY, STATE, ZIP CODE 287 BAKER STREET HUNTSVILLE, TN 37756 POOLDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY TULL REGULATORY OR US IDENTIFYING INFORMATION) Monitoring of corrective action to ensure the deficient practice will not resure: Monitoring of corrective action to ensure the deficient practice will not resure: NEW Mill assure compliance by weekly review for 4 weeks to ensure calendar is current and all inspections and drills are incompliance. Overall findings will be reported to the NIFA immediately when policy is not adhered to. Feither to achier to achier to achier to achier to achier to desirity policy. Report of overall findings and subsequent disciplinary action it accordance with the faultily progressive disciplinary pation, if applicable, will be reported to the policy Quality Description promotes (consisting of Medical Director, Phemisey Consultant, Dictician, Psychologist, Central Supply Cirk, Wound Care Nure, DON, ADON, SED, NHA, Nisk Manager, MDSC, Restorative and/of Nures, and Housekceping Supervisor) to review the need for combacted intervention or amendment to the plan. \$\$5. Completion date: July 15, 2012 7/15/12	MID LEWI AL ANNUAL			8. Wil	 -		05/31/2012		
PROVIDE OF PROVIDE OF SOME AND PROVIDED STATEMENT OF DEFICIENCIES (AC) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST ER PRECEDED BY PULL (EACH DEFICIENCY FLAT ER PRECEDED BY PULL (EACH DEFICENCY FLAT ER PRECEDED BY PULL (EACH DEFIC			445288		971	REET ADDRESS, CITY, STATE, ZIP CODE			
PROMOGERS FLAN OF CORRECTIONS SHOULD BE GEACH DEFICIENCY MUST BE PRECISED BY FULL TAS PRECISED BY FULL PREVIOUS CONSERVENCE TO THE APPROPRIATE DEFICIENCY MUST BE PRECISED BY FULL PREVIOUS CONSERVENCE TO THE APPROPRIATE DEFICIENCY MUST BE PRECISED BY FULL PREVIOUS CONSERVENCE TO THE APPROPRIATE DEFICIENCY MUST BE PRECISED BY FULL PREVIOUS CONSERVENCE TO THE APPROPRIATE DEFICIENCY CONSERVENCE AND APPROP					2	87 BAKER STREET			
REQUIATORY ON LSC DENTIFYING INFORMATION REQUIATORY ON LSC DENTIFYING INFORMATION REQUIATORY ON LSC DENTIFYING INFORMATION Monitoring of corrective action to ensure the deflicient practice will not recur: NTA will assure compliance. Overall findings will be reported to the NHA immediately when policy is not adhered to. Failure to adhere to facility policy will be considered a violation. Violations will result in disciplinary action in accordance with the facility progressive disciplinary policy. Report of overall findings and subsequent disciplinary action, if applicable, will be reported to the facility quity assurance (QA). Committee (consisting of Medical Director, Pharmacy Consultant, Dicician, Psychologist, Central Supply Circk, Wound Care Nurse, DON, ADON, S.D. NI-A, Risk Manager, MDSC, Restorative antico Nurse, and Housekeeping Supervisor) to review the need for continued intervention or amendment to the plan. 5. Completion date: July 15, 2012 7/15/12	HUNTSVI				L		ECTION	(X5)	
defleint practice will do! rect. 4. NHA will assure compliance by weekly review for 4 weeks to ensure calendar is warret and all inspections and drills are incompliance. Overall finement and all inspections and drills are incompliance. Overall finement and all inspections and drills are incompliance. Overall finement and all inspections and drills are incompliance. Overall finement and in inspections and drills are incompliance. Overall finement and in inspections will result in disciplinary action in accordance with the facility progressive disciplinary policy. Report of overall findings and subsequent disciplinary action in accordance with the facility progressive disciplinary policy. Report of overall findings and subsequent disciplinary policy.	PREFIX	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ïΧ	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		GOMPLETION DATE	
Failure to adhere to facility policy will be considered a violation. Violations will result in disciplinary action in accordance with the facility progressive disciplinary policy. Report of overall findings and subsequent disciplinary action, if applicable, will be reported to the facility Quality Assumance (QA) Committee (consisting of Medical Director, Pharmacy Consultant, Dictician, Psychologist, Central Supply Clerk, Wound Care Nurse, DON, ADON, SSD, NHA, Risk Manager, MDSC, Restorative and/or Nurse, and Housekceping Supervisor) to review the need for continued intervention or amendment to the plan. 5. Completion date: July 15, 2012 7/15/12			·,.			deficient practice will not recur: 4. NHA will assure complia weekly review for 4 week calendar is current and all and drills are incompliant. Overall findings will be really when present and all the real through through the real through through the real through the real through the real through the real through through the real through through the real through the real through the real through the real through through through the real through through through the real through t	nce by is to ensure l inspections ic. morted to the		
subsequent disciplinary action, it applicable, will be reported to the facility Quality Assurance (QA) Committee (consisting of Medical Director, Pharmacy Consultant, Dictician, Psychologist, Central Supply Clerk, Wound Care Nurse, DON, ADON, SSD, NHA, Risk Manager, MDSC, Restorative and/or Nurse, and Housekceping Supervisor) to review the need for continued intervention or amendment to the plan. 5. Completion date: July 15, 2012 7/15/12 ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE ADMINISTRATIVE ADMINISTRA						Failure to adhere to facility be considered a violation, will result in disciplinary accordance with the facili	action in		
Dictician, Psychologist, Central Supply Clerk, Wound Care Nurse, DON, ADON, SSD, NHA, Risk Manager, MDSC, Restorative and/or Nurse., and Housekceping Supervisor) to review the need for continued intervention or amendment to the plan. 5. Completion date: July 15, 2012 7/15/12 ABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE ABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE ADMINISTRATORY LINE SUPPLIER REPRESENTATIVE SIGNATURE ADMINISTRATORY LINE SUPPLIER SUPPLIER REPRESENTATIVE SIGNATURE ADMINISTRATORY LINE SUPPLIER SUPPLIER REPRESENTATIVE SIGNATURE ADMINISTRATORY LINE SUPPLIER SUPPLIER SUPPLIER SUPPLIER SUPPLIER SUPPLIER SUPPLIER SUPPLIER SUPPLIER						subsequent disciplinary a applicable, will be report	ction, 11 ed to the e (OA)		
ABORATORY DIRECTOR'S OR PROYIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE						Dictician, Psychologist, C Clerk, Wound Care Nurse ADON, SSD, NHA, Risk MDSC, Restorative and/o Housekceping Supervisor the need for continued in	lentral Supply		
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE ADDINATION DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE						5. Completion date: July	15, 2012	7/15/12	
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE ADDINATION DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE								-	
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE ADDINATION DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		I	· ·						
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE Administrator 6.15.12			EL DEBOGGENTAMICE SIC	NATURE		TILE		(X6) DATE	
	ABORATORY	DIRECTOR'S OR PROVE	DER/SUPPLIER REPRESENTATIVE'S SIG	PART OUT		Administrator	6.6	512	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Pravious Versions Obsolete

Event ID: 482E11

Facility ID: TN7601

If continuation sheet Page 1 of 14